



HEALTH LICENSING OFFICE
Board of Cosmetology

1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: (503) 378-8667 | Email: hlo.info@odhsoha.oregon.gov
Web: www.oregon.gov/oha/ph/hlo

For Office Use Only
Applicant #: Certification #: Staff Initials:

Cosmetology Certification Application

Fields of practice you are applying for: Barbering Hair Design Esthetics Nail Technology

Applicant Information

LAST NAME: FIRST NAME: MIDDLE INITIAL:

BIRTHDATE: GENDER: FEMALE MALE NONBINARY / OTHER

RESIDENTIAL PHYSICAL ADDRESS (REQUIRED):

CITY: STATE: ZIP:

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

CITY: STATE: ZIP:

BUSINESS PHONE: PERSONAL PHONE:

EMAIL (REQUIRED): SOCIAL SECURITY # (REQUIRED):

Have you ever been known under any other legal name? No Yes If yes, list all previous full (legal) names below:

Previous legal name(s):

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? No Yes - If yes, please list information below (add additional blank page if necessary):

State: Lic./Cert./Reg. #: Expiration:

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(Do not write in the following section - Office use only)

OTC Verified ID Type of ID: Staff Initials
Method of Payment: Visa MasterCard Discover Cash Check MO PO
AMOUNT: INITIALS: APPROVAL CODE/CK#:

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Individual Records Questions

Please accurately answer all the questions below. The Health Licensing Office (HLO) may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

1. **Do you have any pending or completed investigations or any disciplinary actions taken against you by any licensing or regulatory authority?** Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit.

Yes No If yes, attach an additional page(s) and provide an explanation.

2. **Have you ever been convicted of a misdemeanor or felony?** Yes No If yes, please list all convictions, including the charges and year convicted (attach additional pages if necessary).

**Year
Convicted**

3. **As of today, are you on probation or parole?** Yes No If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

Mandatory Social Security Number Disclosure and Use

You are required to provide your Social Security number (SSN) to the HLO as part of your application for initial or renewed occupational or professional license, certification, or registration issued by HLO pursuant to ORS 25.785, ORS 305.385, 42 USC § 666(a)(13) and 42 USC §405(c)(2)(C)(i). Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. HLO is authorized by law to use your SSN for child support enforcement and tax administration purposes only. HLO will only use your SSN for these purposes unless you authorize other uses of your SSN as discussed below. Your SSN will remain on file with HLO. If you have never been assigned an SSN, please refer to the section below titled Request for Exemption from Social Security Number Disclosure and Attestation.

Voluntary SSN Disclosure and Use - Criminal Background Checks and Military Status Verification

The HLO is authorized to conduct criminal background checks pursuant to ORS 181A.195, 676.608, and 676.612. The HLO requests that you voluntarily provide your SSN for this purpose. Pursuant to 50 USC § 3931, the HLO must determine the military status (or lack thereof) of a respondent before issuing a default final order. The HLO requests that you voluntarily provide your SSN for this purpose. Failure to provide your SSN for these purposes will not be used to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your SSN by the HLO for these purposes, it may be used only for these purposes.

4. **I voluntarily consent to disclose my SSN to the HLO for criminal background checks and military status verification.**

Yes No

Request for Exemption from Social Security Number Disclosure and Attestation

5. If you do not have a Social Security number (SSN) you may request an exemption from the SSN requirement. To receive the exemption, you must attest and certify that you have never been assigned an SSN and if you are ever assigned an SSN, you will report it to the HLO within 30 days.

DO NOT SIGN BELOW IF YOU HAVE A SOCIAL SECURITY NUMBER

By signing below, I attest and certify that I have never been assigned an SSN and agree that if an SSN is assigned to me, I will report it to the HLO within 30 days.

Applicant Signature:

Date:

Certification of Information Provided

6. I have examined this application and supporting documentation and certify by my signature below that it is true, correct, and complete. I understand that providing false information or making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification, or registration. I have enclosed the required fees and documentation.

Applicant Signature:

Date:

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action (AA) Policy. If you choose to provide the optional information below, it will help to evaluate the effectiveness of our AA programs. This information will also be used in the aggregate (i.e., as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Which of the following describes your racial or ethnic identity? Please check all that apply.

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit / Metis / First Nation
- Indigenous Mexican / Central American / South America

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino / Filipina
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Hispanic and Latino/Latina/Latinx

- Central American
- Mexican
- South American
- Other Hispanic or Latino/Latina/Latinx

Middle Eastern / North African

- Middle Eastern
- North African

Native Hawaiian and Pacific Islander

- Chamoru/Chamorro
- Guamanian
- Marshallese / Micronesian / Palauan / Tongan
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other: _____
- Unknown
- Decline to answer

If you checked more than one race or ethnicity above, is there **one** you think of as your primary racial or ethnic identity?

- Yes, please list: _____
- I do not have just one primary racial or ethnic identity
- No, I identify as Bi-racial or Multi-racial
- Not applicable, I only checked one category above
- Unknown
- Decline to answer

Application Requirements

PLEASE NOTE: The applicant is responsible for payment of fees assessed by the issuing organization(s) when obtaining required official documentation.

Applicant must:

_____	Meet the requirements of Oregon Administrative Rule, Chapter 331, Division 30 .
_____	Submit this completed application, accompanied by payment of the required fees. Fee amounts can be found under the “Pathway Options” section and are based on which pathway you may qualify through.
_____	<p>Submit two forms of original identification issued by a government agency. Acceptable identification options can be found under Chapter 331, Division 30 of Oregon Administrative Rule.</p> <p>ID requirements are as follows:</p> <ul style="list-style-type: none"> • The two forms of ID must be issued by a government agency. • Both the ID’s must include the applicant’s current legal name. • At least one form of ID provided must be photographic. • We do not accept student ID cards, department store or warehouse cards, debit cards, etc. If you have a question about whether a particular ID type is acceptable, please call (503) 378-8667, to verify. • If submitting photocopies of your ID by mail, legible (clear) front and back copies must be submitted. Submit the copies on a full-sized piece(s) of copy paper, do not cut the ID images out. <p>If you do not meet all of the ID requirements above, you run the risk of your application process being delayed.</p>
_____	Have you answered questions 1 through 4 on page two of this application? If you fail to answer each of the four questions, this form will be returned to you and potentially cause a delay in the processing of the Authorization Application.
_____	If you <u>do not</u> have a social security number, have you signed and dated in section 5 on page two of this form? If you do have a social security number that you have provided on page one of this form, do not sign.
_____	Have you signed and dated section 6 on page two of this form? If you fail to sign and date this section, your form will be returned to you and will cause a delay in qualifying the temporary staffing agency for an authorization.
_____	Provide documentation of completing one of the following qualifying pathways (see qualifying pathway options on the following page).

Pathway Options

Pathway One: Graduation from an educational institution

_____	Submit an official transcript from an education institution showing proof of hours for a field of practice as required by the Higher Education Coordinating Commission (HECC).
_____	Submit a passing score of a Board-approved practical examination. Practical examination scores are valid for two years from the date the practical examination was completed and passed.
_____	Complete and pass a Board-approved written examination within two years of the date of application, including the Oregon Laws and Rules examination. Note: An applicant with a current certification who is seeking to add a field of practice, must pass the Oregon Laws and Rules examination within two years of applying for the additional field of practice.
_____	Upon passage of all required examinations and before receipt of certificate(s), the applicant must pay all required fees. Qualification through pathway one: *Application fee = \$30 (per field of practice); Examination fee = \$45 (per field of practice); and Oregon Laws and Rules examination = \$45. DO NOT SEND CASH THROUGH THE MAIL. *Application fee is non-refundable.

Pathway Two: Qualification through Reciprocity

_____	Submit an affidavit of licensure pursuant to OAR 331-030-0040 , from another state, which is active with no current or pending disciplinary action and is substantially equivalent to Oregon certification requirements pursuant to ORS 690.047 .
_____	Complete and pass a Board-approved written examination within two years of the date of application, including the Oregon Laws and Rules examination. Note: An applicant with a current certification who is seeking to add a field of practice, must pass the Oregon Laws and Rules examination within two years of applying for the additional field of practice.
_____	Upon passage of all required examinations and before receipt of certificate(s), the applicant must pay all required fees. Qualification through pathway two: *Application fee = \$100 (per field of practice); Examination fee = \$45 (per field of practice); and Oregon Laws and Rules examination = \$45. DO NOT SEND CASH THROUGH THE MAIL. *Application fee is non-refundable.

Pathway Three: Review of Previous Education, Training and Experience by the Higher Education Coordinating Commission (HECC)

_____	If you hold an expired license from another state that cannot be renewed or if you are coming from another country and want to be certified in Oregon, you will need to contact the HECC to inquire about having them review your previous education, training, and experience. The HECC's phone number is (503) 947-5716.
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Additional Information

Note:

- An applicant is not required to provide proof of official transcripts in a field of practice if the applicant was previously certified in Oregon.
- An applicant coming from a proficiency-based educational institution under [ORS 345.400](#), may be required to submit additional information to the Health Licensing Office.
- The applicant is responsible for payment of fees assessed by the organization(s) when obtaining required official documentation.